

LETTERS TO THE EDITOR

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Passive smoking: results of a European survey

To the Editor – Will 1993 be the year of passive smoking? Publication of the US Environmental Protection Agency's report on passive smoking (see *Tobacco Control* 1993; 2: 71–9) and the first successful passive smoking case in the UK in January of this year have certainly brought the issue of passive smoking to the fore.

The European Commission has decided to dedicate this year's European Week against Cancer (11–17 October 1993) to the theme of passive smoking and various actions are being organised at the national level to address this issue.

The European Commission has, moreover, recently released the results of a survey on this subject, carried out in September/

October 1992 in the 12 member states of the European Community at the request of the Europe against Cancer Programme. Professional interviewers from 12 national institutes, working under the coordination of INRA–Europe (Brussels), conducted oral interviews with 12800 persons ≥ 15 years of age. We believe that the results may be of interest to our international colleagues.

The survey shows that awareness of the notion of "passive" or "involuntary" smoking is quite high (table 1). It would seem, however, that the health risks of passive smoking are largely underestimated; only 52% of Europeans think it can cause serious illness.

It is, nevertheless, a problem which affects the majority of Europeans. In all countries, the majority of those questioned (79%) claimed to be exposed "often" (39%) or "sometimes" (40%) to other people's smoke (table 1). Two-thirds (65%) of Europeans are bothered by other people's tobacco smoke. As might be expected, non-smokers are more likely to be bothered by other people's smoke (83%) than are smokers (32%).

Non-smokers are, however, reluctant to stand up for themselves: less than four in ten (38%) say that they "often" or "sometimes" ask smokers to stop smoking because it is bothering them. On the other hand, most smokers (72%) say that they "often" (33%) or "sometimes" (39%) refrain from smoking in order not to cause discomfort to others. It is interesting to note that nearly twice as many "light smokers" (< 10 cigarettes per

day) as "heavy smokers" (≥ 25 cigarettes per day) claim to do this "often". Should we conclude that the inclination to be polite declines as consumption increases?

The survey also confirms the results of a previous opinion poll (February/March 1992) which revealed strong public support for measures banning smoking in public places and restricting smoking in the workplace: 82% of Europeans are in favour of banning smoking in public places (80% in Spring 1992) (table 2) and 88% are in favour of a clear separation of smoking and non-smoking areas in the workplace (85% in Spring 1992).

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Preventing coronary heart disease

To the Editor – Dr Robert Beaglehole's review of our book "Prevention of Coronary Heart Disease" (*Tobacco Control* 1992; 1: 307–8) contains several statements that require a response. As Dr Beaglehole notes, the book is not a text in public health or epidemiology, but is rather directed at improving the knowledge and skills of the individual practitioner. Given that intention, it is remarkable that the reviewer states that "This book focuses almost entirely on the high risk medical strategy for the prevention of coronary heart disease and epitomizes the medicalization of prevention... much more emphasis is required on the population strategy." In fact, as clearly noted by Dr Beaglehole, there are specific chapters on epidemiology and on the international perspective on coronary heart disease (CHD), and the entire last third of the book is devoted to the public health perspective, with sections on intervention in the schools, workplace, and community – a very large amount of space in such a book. The importance of and need for the population strategy is specifically addressed in chapter four, and eloquently advanced in the foreword by Professors Jeremiah and Rose Stampler.

Dr Beaglehole is also critical of our having devoted "only" 40 pages to the topic of smoking. Apart from the undesirability of judging quality by weight, it is in fact incorrect. Smoking is discussed in at least 16 of the book's 22 chapters, as appropriate to the many different contexts in which this risk factor is important. To restrict such coverage to a single place where it might more easily be "weighed" would not result in a useful text. Given the authors' interest in this area, we would take such criticism as a clear indication that we have been successful in downplaying our own natural inclinations, giving appropriate emphasis to all of the risk factors for CHD.

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Table 1. Passive smoking: awareness of the problem and exposure to risk (%)

	Awareness	Frequency of exposure		
		Often	Sometimes	Total
Total community	78	39	40	79
Country:				
Belgium	69	33	43	76
Denmark	97	48	33	81
France	59	36	41	77
Germany	92	27	48	75
(ex BRD)	(92)	(27)	(48)	(75)
(ex DDR)	(91)	(27)	(42)	(69)
Greece	83	56	28	84
Ireland	72	36	41	77
Italy	75	51	36	87
Luxembourg	83	31	42	73
Netherlands	89	45	37	82
Portugal	54	36	40	76
Spain	69	51	33	84
UK	86	36	40	76

Table 2. Opinions on banning smoking in public places (%)

	Strongly in favour	Moderately in favour	Moderately against	Strongly against	No answer
Total community	55	27	9	6	3
Country:					
Belgium	44	35	13	4	4
Denmark	33	32	21	11	3
Germany	47	31	11	8	3
(ex BRD)	(42)	(33)	(12)	(9)	(4)
(ex DDR)	(65)	(22)	(8)	(3)	(2)
Greece	76	14	5	3	2
Spain	63	22	7	6	2
France	50	29	12	6	3
Ireland	56	28	5	5	6
Italy	63	26	5	2	4
Luxembourg	54	27	8	8	3
Netherlands	51	32	8	7	2
Portugal	61	34	3	0	2
UK	56	27	8	6	3